A. **Purpose:** Each participant is required to have a “DDDS Standard Template” ISP Program active in Therap. There are **four** different DDDS Standard Template ISP Programs which are available in Therap to choose from, one of which must be applied to each participant according to the service line(s) in which they are funded.

B. **Definitions:**
   1. **Apply:** term used in this document to indicate the actions of adding to the electronic record of a person in services.
   2. **DDDS Standard Template:** is the ISP Programs “boiler plates” which the Division of Developmental Disability Services has published in Therap for use by agencies for individuals in services.
   3. **ISP Program:** the support plan (or goal) which individuals in services need in their electronic record. ISP Programs provide a goal for documenting day to day services provided within various services lines.

C. **Preparation**
   1. A designated staff for the provider agency or each provider location will need to **apply a DDDS Standard Template** to each participant in Therap.
   2. The designated staff should have a list of participants who they will be applying an ISP Program. This will help to keep track and insure that each participant has the ISP Program assigned.
   3. The four DDDS Standard Templates in the Therap include:
      a. **DDDS Standard Template Day Habilitation** dated 9/1/15 - should be used for those participants who fall under the Day Habilitation service line.
      b. **DDDS Standard Template 1:3 Group Supported Employ** dated 9/1/15 - should be applied the participants who fall under Group Supported Employment service line.
      c. **DDDS Standard Template Prevocational** dated 9/1/15 - should be applied to the participants who fall under the Prevocational (also known as Community Experience) service line.
      d. **DDDS Standard Template Individual Supported Empl** dated 9/1/15 - should be applied to the participants who fall under the Day Habilitation (Facility) service line.

D. **To “apply” the DDDS Standard Template ISP:**
   1. **Log on** to Therap
   2. Go to **Individual** tab on the Dashboard (see Figure 1 below)

![Therap Dashboard](image)
3. Click **Published** next to **ISP Program Template Library** (see Figure 2 below)

![Figure 2](image1.png)

4. Click **Template Name** from the list. Choose a DDDS Standard Template according the service received by the participant for whom the ISP Program is being applied. (see Figure 3 below)

![Figure 3](image2.png)

5. **Scroll** to the bottom of the template form which is now open

6. Click **Apply ISP Program** (see Figure 4 below)

![Figure 4](image3.png)

**NOTE:** for Group Supported Employment, choose the 1:3 Group and the ratio can be changed if necessary in Step 9.
7. Click **Program** that the Individual is assigned from the list (See Figure 5 below)

![Select Program For ISP Program](image)

**Figure 5**

8. Click on the **Last Name** of participant from the **Individual List for ISP Program** (see Figure 6 below)

![Individual List for ISP Program](image)

**Figure 6**

9. **Type** in **Program Name** and **Choose Creation Date** (see Figure 7 below)
a. **Program Name**
   1. Type **Day Habilitation Supports** for DDDS Standard Template Day Habilitation
   2. Type **1:3 Group Supported Employment** (or another ratios 1:4, 1:5 1:6, 1:7 or 1:8 depending on the support provided to the participant) for DDDS Standard Template 1:3 Group Supported Employ
   3. Type **Prevocational Supports** for DDDS Template Prevocational
   4. Type **Individual Supported Employment** for DDDS Standard Template Individual Supported Empl

b. **Creation Date** should be the date that data for this ISP Program will start

c. **All other fields** in this area remain the same

10. **Task(s)** section should not be altered-
   a. all Task Name and Description in this section must remain as they are pre-filled for each template (see Figure 8 below)
   b. Additional Task Name(s) and Description(s) may be added to encompass additional/specialized supports that an individual needs

11. **Other Details** should reflect the below options (Type of Service Provider is prefilled according to the service line)
One of these two options should be selected; however, which option is an individual agency choice. It may make sense for a provider billing in 15 min units to select “Duration in minutes” BUT “Begin Time and End Time” could also be a reasonable option. A provider billing as a per diem would likely opt for “Begin Time and End Time” and enter the time the person started services and ended services within that date.

12. Click **Save** (to work on later), **Submit** (to submit for approval) or **Approve** (to Approve)
Once logged into Therap go to: **Individual Tab > ISP Data “New” >**

Select **Program (Site) > Select Participant Name > Select appropriate ISP program > select acknowledge**

---

### ISP Data Collection

**Form ID:** ISD-ESDELE-DC44TS923D28L
**Status:** New
**Entered By:** Donnia Melton, Quality Assurance Coordinator

#### ISP Program Detail

<table>
<thead>
<tr>
<th>Individual's Name:</th>
<th>Provider Program:</th>
<th>Date: 10/02/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000191/59</td>
<td>NC Facility-Based Activities - 61C0 Commons</td>
<td></td>
</tr>
<tr>
<td>Program Name: Day Habilitation Supports</td>
<td>Time Zone: US/Eastern</td>
<td></td>
</tr>
</tbody>
</table>

#### Data Collection Detail

<table>
<thead>
<tr>
<th>Time Duration: 1 Minute(s)</th>
<th>Location:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Entered By:</th>
<th>Service Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donnia Melton, Quality Assurance Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

#### Task Scores

<table>
<thead>
<tr>
<th>Description</th>
<th>Scores/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptive Skills that enhance social development</td>
<td>Select Score</td>
</tr>
<tr>
<td>Self-Care – dressing, grooming, and feeding one’s self</td>
<td></td>
</tr>
<tr>
<td>Communication Skills – understanding and using verbal and nonverbal language, use of communication device</td>
<td></td>
</tr>
<tr>
<td>Self-Direction – problem solving, exercising choice, initiating and planning activities</td>
<td></td>
</tr>
<tr>
<td>Social Skills – maintaining interpersonal relationships, understanding emotions and social cues, understanding fairness and honesty, obeying rules and laws</td>
<td></td>
</tr>
<tr>
<td>Leisure Skills – taking responsibility for one’s own activities, having the ability to participate in the community</td>
<td></td>
</tr>
<tr>
<td>Transition to Independent Living – using public transportation, using community resources, housekeeping, cooking, doing laundry, maintaining living space, shopping</td>
<td></td>
</tr>
<tr>
<td>Functional Academics – using reading, writing, and math skills in everyday life</td>
<td></td>
</tr>
<tr>
<td>Work – ability to maintain part-time or full-time employment, ability to work under supervision, cooperate with coworkers, be reliable and punctual, and meet work standards</td>
<td></td>
</tr>
<tr>
<td>Health and Safety – ability to protect one’s self, responding to health problems</td>
<td></td>
</tr>
</tbody>
</table>

**Socialization**

<table>
<thead>
<tr>
<th>Providing an individual with the skills and opportunities necessary for participating within his or her own society</th>
<th>Select Score</th>
</tr>
</thead>
</table>

5. In this section add notes related to **enhancing adaptive development/skills** in self-care, communication, self-directions, leisure skills, transition to independent living, functional academics, work or health (maintenance) and safety (response to harm or danger). **Document participant’s response or reaction**

6. In this section, include skills and opportunities for participating in society. This will include **community activities**.
7. In this section document information related to medication, money management, shopping, phone use, other technology use (functional computer skills), transportation training, communication, community orientation, health management, meal prep/clean up and safety procedures (fire & emergency drills). **Document participant’s response or reaction**

8. In this section, document activities related to bowel and bladder self-management, dressing, eating, feeding, purposeful mobility, adaptive equipment cleaning & maintenance, personal hygiene, and bathroom hygiene. **Document participant’s response or reaction**

9. In this section, document any type of communication to an entity in regard to or on behalf of or the participant.

10. Leave **Billable** selection as **Yes**. Additional comments may be captured in the comment box as needed.  
11. Click **Save!**

**Remember!**

1. Be objective in your writing. Write you observed, not your opinion. For example, “Becky was shaking and sobbing,” instead of “Becky was angry.”
2. T-logs will still be used to communicate issues or concerns which are not typical for the participant. For example, “John complained of a headache and was assisted with Tylenol” should be noted in T-logs as to alert others that John had a medical concern,
3. GERs will continue to be used to document significant events.